

The background features intricate Maori decorative patterns. At the top and bottom, there are stylized, swirling motifs in light blue and yellow/gold. The central area is dominated by a dark blue background with a repeating geometric pattern of interlocking squares and rectangles, creating a woven or 'kōwhiri' effect. A solid black horizontal band is positioned across the middle, containing the main title in white and gold text.

MĀORI MANIFESTO: A FRAMEWORK FOR CHANGE

Submission to the Mental Health Inquiry Panel
13th June 2018

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MĀORI MANIFESTO: A FRAMEWORK FOR CHANGE

Ehara taku toa, i te toa takitahi, engari, he toa takitini
Mine is not my strength alone, it is the strength of many

We acknowledge our predecessors who in their leadership paved the way in Māori health. They instigated important changes and worked tirelessly in the interests of Māori. It is because of their talent and dedication, we have the strength to follow in their footsteps to build upon those achievements.

This Manifesto draws on the expertise of eleven Māori Leaders, in a call to action for the deliberate and targeted advancement of Māori Health.

Underpinning the Māori Manifesto Framework for Change is the call for:

- The recognition of Māori indigenous body of knowledge
- The explicit accountability of the Crown to Māori: Recognition of Te Tiriti o Waitangi (Māori text), United Nations Declaration on the Rights of Indigenous Peoples
- An emphasis on a Māori worldview in the quest for equity and innovation
- The investment and respect for aspirations that build upon existing successful and prospective Māori models and achievements.

Recommendations for Action:

1. Affirmation of the Māori worldview (incl. cultural beliefs and practices), holistic models and whānau centred practice that are needed for Māori wellbeing.
2. Reducing drug harm for Māori by shifting drug use from a criminal justice issue to a health issue, reallocating drug enforcement funding to drug treatment, education and prevention, resetting primary health care to better respond to Māori drug issues, a review of the Misuse of Drugs Act 1975 and the removal of criminal penalties for the possession, use and social supply of all drugs.
3. The prioritisation and implementation of He Korowai Oranga, with United Nations Declaration on the Rights of Indigenous Peoples and Te Tiriti o Waitangi (Māori text) to improve equities across the lifespan of Māori.
4. Establish an independent Māori national entity to provide oversight to ensure health services improve the quality of care to Māori.
5. Establish Māori Health Accreditation Group with the responsibility to maintain standards, promote and ensure best practice across the whole of the health system.
6. Establish a Māori Regulatory body mandated by the Health Practitioners Competency Assurance Act (2003) to ensure all practitioners are competent to work with Māori.
7. Rid the racist behaviours by non-Māori toward Māori through assertive and innovative methods (such as; anti-racism campaigns; compulsory Māori led competency programmes to non-Māori, Māori service design).
8. Radical redesign of health services and systems to achieve the dramatic improvements required to improve Māori wellbeing.

9. Incubator programme for Kaupapa Māori health services to build capacity and ensure sustainability.
10. The investment in the development of Māori leaders and Māori health professionals who can operationalise in Kaupapa Māori service models.
11. A reset of the Primary Healthcare system for Māori that improves integrated service delivery with an aligned funding model. That includes one plan for one whānau and one IT system across multiple providers supported by a range of approaches to allow providers to partner and share resources.
12. Improved pathways for whānau to help other whānau, and strategies to build the capacity and capability for whānau to care for their own.
13. For assessment to occur through any door of health services, supported by the right outcome measurement approaches important to whānau.
14. Increase the priority of health services to sustain the attention to health promoting interventions and physical health amongst those with mental health and addiction problems.
15. Increase data governance with Māori in having control over their data.
16. Establish a National Research Agenda with funding on Māori health (mental health and addiction) needs and solutions to understand the factors that influence Māori health status, the effectiveness of health care, the areas of health service and resource development needed, the areas impacting health professional practice change and to bring forward Mātauranga Māori to inform all research pertaining to Māori.
17. Establish an evidence base for the provision of integrated, culturally appropriate health (including mental health) and social services to Māori with high and complex mental health and addiction needs.
18. Grow and sustain a Māori Health Workforce with a focus on assertive action and targets to increase the workforce across all of health.
19. Increase the establishment of Māori health training institutions and at training providers employ more Māori staff and ensure more Māori models of practice in training.
20. Build Māori health leaders and leadership to manage transformations.
21. Build the capacity and capability in Māori communities to focus on grassroots approaches, and on early intervention and prevention, rather than sickness or illness models of care.
22. Strengthen Māori professional networks to unify the sector.
23. Align the funding to shift away from pathologizing and separating whānau, for the transformation needed in health care, supported by accountability and audit measures.

Māori Worldview: Te Ao Māori

Māori have been calling for a move away from the 'disease model' that pathologises Māori for years and to instead embrace more whānau, social and cultural approaches to the delivery of health care and wellbeing. Much of the funding in health services is adult and individual centric, with little consideration for the investment in the future of mokopuna and tamariki from a Māori perspective. Many of the models imported from overseas do not work for Māori whānau. With a young Māori population (mean age of 23 years) and the age of onset of many conditions (e.g. substance use, anxiety) it would be better for an alignment to a developmental approach and whānau. Strategies that centre upon Māori and whānau have demonstrated extraordinary outcomes¹ and warrant respect and continual investment.

Te Reo me ona Tikanga are important to the wellbeing of Māori. A framework for change recognises and supports Māori to feel secure in their traditions and Māori worldview. Māori identity is rooted in whakapapa, tikanga and kawa. Though, Māori underwent social change during colonisation, there are significant advantages when Māori are supported to enact their whakapapa to their own Iwi. With consequences of strengthened connections to whenua, te taiao, hapu and whānau. Māori draw their identity from the values they consider important and will use those values to shape their perspective, to negotiate relationships and to thrive.

Te Ao Māori affirms a holistic understanding of Māori health, that includes mental health and addiction, physical health, socio-economic and cultural determinants of health and respects the cultural intelligence of people in their own contexts.

Whānau as a collective, need to be at the centre of all services, this is where fundamental change will occur. It will enable health professionals to work beside whānau even in challenging situations, to keep them together and offer them support in extreme situations. Many services deliberately separate whānau, so liberating practice and decolonising institutions to centre upon whānau, will be needed to improve outcomes with Māori.

Spirituality is a central feature of the Māori worldview and is missing therapeutically in mainstream health services, requiring Māori to seek healing solutions, by reaching into their hapu, whānau, whenua and Te Ao Māori. Ensuring that the needs and experiences of Māori communities are at the heart of driving change will energise the delivery of health care systems that have relevant and achievable goals and outcomes.

In the understanding of Māori population health need, there is a regard for Māori expectations, the identification and hierarchy of Māori priorities with solutions determined by their own lived experiences across the spectrum of reciprocal receivers of and providers of hauora strengthening activities.

¹Te Puni Kokiri (2016) Building a future for whānau. Briefing for the Minister for Whānau Ora. Te Puni Kokiri.

Māori & Drugs

Healing from addiction for Māori is rooted in cultural interventions which address wellbeing in a holistic approach, in contrast to western biomedical models. The key to understanding the benefit of culturally-focused addiction treatment is recognising the meaning of indigenous wellness. This is understood as one of a harmonious relationship within the whole person, including mind, body, emotion, whānau and spirit.

Māori have a lifetime prevalence of substance use disorders (26.5%) twice that of the total population (12.3%)². Māori are twice as likely to have used cannabis in the last 12 months³, one and a half times more likely to report weekly cannabis use and four times as likely to have used amphetamines in the past year⁴. Drug use costs New Zealand \$1.8 billion per year in health, social and economic harms⁵. In 2014/15 to address this drug problem, we spent 3.5 times more on drug related enforcement (\$273.1 million) than on health interventions (\$78.3)⁶. In 2017 of the 3,140 convicted for illicit drugs, Māori made up 42% of these total convictions and 51% of those sentenced to imprisonment.

The prevalence of the drug problem and Māori must be a priority. The reality is that our drug laws disproportionately and adversely impact more on Māori⁷. The current health system is challenged to deal with this issue. The critical factors in reducing drug harm for Māori must include:

1. Shifting drug use from a criminal justice issue to a health issue
2. Reallocate drug enforcement funding to drug treatment, education and prevention
3. Reset primary health care to better respond to Māori drug issues
4. Review the Misuse of Drugs Act 1975
5. Remove criminal penalties for the possession, use and social supply of all drugs.

²M.A. Oakley Brown, E. Wells, and K. M. Scott (eds.), Te Rau Hinengaro: The New Zealand Mental Health Survey (2006) <<http://www.health.govt.nz/system/files/documents/publications/mental-health-survey.pdf>>, 150, 61, accessed 12 Jun. 2015.

³Ministry of Health, Cannabis Use 2012/13: New Zealand Health Survey (2015), <<http://www.health.govt.nz/system/files/documents/publications/cannabis-use-2012-13-nzhs-may15.pdf>>, 3, accessed 12 Jun. 2015.

⁴Ministry of Health, Amphetamine Use 2012/13: Key findings of the New Zealand Health Survey (2013), <<http://www.health.govt.nz/system/files/documents/publications/amphetamine-use-2012-13-dec13-v2.pdf>>, 3, accessed 12 Jun. 2015.

⁵New Zealand Drug Health Index 2016.

⁶New Zealand Drug Health Index 2016.

⁷<http://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC%20R122.pdf>

Public Sector Policy & Strategy

New Zealand Government share similar goals and objectives to Māori regarding the improvements needed in Māori health. Over five decades, the foundations for Māori health have been laid down by our predecessors and continue to be pursued. Though, similar aspirations are represented in public health sector policies, not all are showing an effect through service implementation or in Māori health outcomes.

As an indigenous people, Māori have the right to determine and develop priorities and strategies for their people, and to be actively involved in developing, determining and administering health and other programmes⁸. Māori have the right to their traditional medicines and to maintain their health practices including the conservation of their vital medicinal plants, and taonga. In addition to having the right to access, without discrimination to all social and health services⁹.

The relevance of Te Tiriti o Waitangi to health is well established¹⁰ and under international law, the Māori text of Te Tiriti o Waitangi affirms Māori sovereignty. Though, most public health sector policy and strategies refer to the English Version of the Treaty of Waitangi by way of principles, they do not refer to the Māori text¹¹.

In the past thirty years, policies have fostered attempts to parallel the reform needed in health services to improve Māori health (incl. mental health & addiction). It is now time for the next evolution of public health sector policy to focus on accelerating progress and driving the fundamental change required to implement policy into action.

He Korowai Oranga¹² was the first Māori health strategy (Ministry of Health, 2002), and in its revised state¹³ (Ministry of Health, 2014) is not respected or given its due course. At the health system level, there is no commitment by health services to it. He Korowai Oranga needs to be re-prioritised, and more coherent, with United Nations Declaration on the Rights of Indigenous Peoples and Te Tiriti o Waitangi (Māori text), to ensure the improvement at organisational and local community levels, and across the whole health system. There must be mechanisms to ensure the assessment and monitoring of the consistency or digression from the original intent of He Korowai Oranga.

⁸United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2008).

⁹United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2008).

¹⁰Durie M. The Treaty of Waitangi and healthcare. *New Zealand Medical Journal*. 1989; 102(869):283–5.

¹¹Came, H., Cornes, R., & McCreanor, T. (2018). Treaty of Waitangi in New Zealand public health strategies and plans 2006–2016. *The New Zealand medical journal*, 131(1469), 32-37.

¹²Ministry of Health (2002). He Korowai Oranga – Māori Health Strategy. Wellington, New Zealand: Ministry of Health

¹³Ministry of Health (2014). The Guide to He Korowai Oranga – Māori Health Strategy. Wellington, New Zealand: Ministry of Health

Independent Māori Oversight

There is no national entity or leading body to provide oversight to ensure health services improve the quality of care to Māori. There is no Māori Health Accreditation Group or Māori Regulatory body with the responsibility to maintain standards, promote or ensure best practice.

A framework for change across all of health (incl mental health and addiction) services will foster assessments, audits and inspections that are performed against standards set by Māori that proactively address Māori inequalities. A multi-level system approach will recognise Māori, will affirm the interconnectedness of mauri ora, whānau ora and wai ora (Pae ora) as foundations for good health and wellbeing.

For the effective interface between Māori and policy /decision makers, stronger engagement is needed urgently to enhance the progress gained and to heighten the responses needed. This means a greater sharing of roles, with Māori, having the responsibilities as health leaders, policy /decision makers and providing services to Māori, to increase the capacity of systems to improve Māori health goals and outcomes.

Given the increasing Māori health (incl. mental health and addiction) need, high priority should be placed upon health (mental health and addiction) services implementation plans being tied to He Korowai Oranga. This would assure direction to services through established indicators, targets, means and methods to support the services operational responsibility to its Māori communities.

HEALTH SERVICES

A better prepared Health Sector that centres on Māori

Boundaries between health services and Māori has never been more sensitive. Increasingly urgent and unpredictable demands outside of health services are placing expectations upon health professionals when services are sought, that many are not prepared for. The non-Māori health sector is out of touch with the realities of Māori communities, and the importance of Māori health professionals. This disconnect leads to poor engagement and quality of care for Māori.

Health regulatory authorities who are mandated by the Health Practitioners Competency Assurance Act (2003) have done very little, since the Act was implemented, to ensure their practitioners are competent to work with Māori. The Act fails to acknowledge Te Tiriti o Waitangi at any stage of the act, requiring only that the boards set standards of cultural competency.

Increasingly, there are reports amongst Māori of the associated racist behaviours and constant microaggressions by non-Māori toward Māori, persisting across personal and professional fields. Naming racism is one method but dealing with the deep-set divide between non-Māori and Māori requires assertive and innovative methods (such as; anti-racism campaigns; compulsory Māori led competency programmes to non-Māori, Māori service design). There is urgency to generate better perspectives toward Māori, with a focus on Māori that guides priorities for improvement and empowers Māori.

Fundamental redesign

The links between services are currently missing, subsequently whānau are not provided with the supported needed. Many of the services tend to criminalise mental health and addiction problems, care and protection; youth justice residences and prisons become default holding places for those with arguably the most considerable mental health and addiction issues.

There is a need for a fundamental rethink and radical redesign of health services and systems to achieve the dramatic improvements required to improve Māori health and wellbeing. Organisations who employ and develop Māori, who implement Māori principles, and foster interactive planning processes to ensure Māori interaction are consistent in development, implementation, delivery and evaluation phases, will be heralded as quality services to Māori. Letting go of the ties of what's been done previously will take a commitment by mainstream services and significant energy, as the corporate culture in the health system often will hinder the thinking that is required outside its restrictive box.

Kaupapa Māori Health Services

There are more Māori health services in New Zealand than a decade ago, albeit Kaupapa Māori mental health and addiction contracts are being lost to the sector. The actions of the mainstream health system and its mindset challenge the integrity, validity and sustainability of these crucial services. A lack of commitment and support in Kaupapa Māori health services by funders and planners, of doubt

amongst health professionals and health services of their value and capability is a recurring pitfall in New Zealand. This prompts significant barriers to Māori getting access to Kaupapa Māori health services and participating in the design of services that would work for them. In addition, it prevents the organisational and individual learning that could occur in the health sector about the holistic care and aspirations of Māori.

To build and sustain Māori health services, a movement is needed to lead a culture of support and for incubating Kaupapa Māori health services to build capacity and ensure sustainability. This would commence with an urgent refresh of contracts and their limited parameters and a review of their positioning into the future. This will require a continual investment in the development of effective Māori leaders and Māori health professionals who can operationalize in these service models.

Resetting Primary Healthcare & Primary Mental Health & Addiction for improved Service Delivery

More people in New Zealand are receiving support and treatment for mental illness and addiction problems in the primary care sector than in secondary care mental health and addiction services¹⁴. Beside the increasing prevalence of depression, anxiety and psychological distress, other factors include the preference of people receiving help or treatment from their primary care provider they have an established relationship with and a likely reluctance to seek help from mental health services.

Significant changes in service delivery models have occurred in New Zealand's primary care sector to address mental health and addiction problems. (for example: stepped care model; mental health and addiction professionals employed in primary care; access to counselling; shared care (integrated general practice and secondary care team). However, competing demands in the primary care sector, the funding model, deficits in primary care professional competence, and the brevity of primary care visits all pose continual barriers to care.

Whilst the primary care sector makes up a range of services, general practice makes up a substantial part of this. In the mainstream nature of many of these services, coupled with the funding model which supports them is an exclusion of Māori who suffer long term illness and as such, access to primary care is impeded. There is a need to explore different models for the funding and provision of primary mental health and addiction services, particularly for Māori. One which sees primary care as one part of the range of support services that might be accessed and, where appropriate, access to specialist services as required.

Māori primary health care and social services are positioned well in communities to improve the health of Māori. Though, the reality for some Māori providers can be challenging, when there is a short fall in financial investment and short-term contract schedules impeding their ability to provide sustainable supports in their community.

¹⁴Rodenburg, H., & Dowell, A. (2008). Developments in primary mental health family care in New Zealand. *Mental Health Family Medicine*, 5(4), 247–249.

Māori primary health care provider success is due to the provision of comprehensive programmes that incorporate treatment and management, prevention and health promotion, as well as addressing the social determinants of health. The culture of Māori primary health care services underpins the core characteristics of ensuring accessible health services, community participation, continuous quality improvement, and a culturally appropriate workforce, holistic health care, empowerment and self-determination. Māori leadership, resource, structure, processes and technologies have made it possible for Māori primary care providers to build the community-based approaches needed to address a person's mental wellbeing in primary care. More is needed!

The ideal model of care would ensure integrated service delivery with an aligned funding model, one plan for one whānau, one IT system across multiple providers with shared accountability and the seamless movement between providers for whānau. A range of approaches would be offered to allow providers to partner and share resources. There would be pathways for whānau to help other whānau, and for assessment or engagement to occur through any door of services as the right door. Supported by the right outcome measurement approaches that are relevant and important for whānau.

Where mainstream services fail, is when they do not consider the contexts of Māori and therefore fail to consider the method of engagement needed to ensure easy access to early intervention and prevention. With an increasing number of Māori with acute and long-term conditions, requires a system of coordinated support that fosters self-management, and whānau care within a Māori context, that builds the capacity of whānau to take care of their own, for shared care options and community capacity development, to make it easier for the person and their whānau to receive the right support from services as they need it and the multidisciplinary teams who provide care to help people, alongside whānau in their communities.

Physical Wellbeing in Mental Health Care

Premature mortality and increasing morbidity of people with severe mental health and substance use problems is attributable to higher rates of physical illnesses¹⁵ and suboptimal health care. Life expectancy of people with serious mental illness and substance use problems has widened.

The variability in attention to physical health amongst people with mental health and addiction problems and a denial to requests for treatment change or management of medications, due to side effects (including weight gain) are causes for concern. There is a disproportionate number of Māori with mental illness compared to their non-Māori counterparts and therefore, the disparities of physical disorders are higher for Māori with mental illness.

All people want to improve their health and quality of life, the motivation and ability to do so when mental health may fluctuate requires health professionals to be proactive, especially when symptoms compromise capacity for self-care, and mental health services to ensure access to health promoting

¹⁵Cardiovascular, respiratory illness and cancers

interventions. There is a matter of priority to ensure health services sustain the attention to physical health amongst those with mental health and addiction problems to ensure their full engagement in their overall health management. In addition to health professionals providing clinical leadership, teaching, research and advocacy for better health care in the community.

Secondary Mental Health & Addiction Services for Māori

Māori mental health status has steadily declined over recent decades. Māori suffer significant burden of severe, complex and co-morbid conditions yet, despite that, Māori struggle to get access to appropriate community based (including primary care) services. When Māori access secondary services they do so by way of coercive means and have a significantly higher risk of receiving a diagnosis of a serious mental illness. In addition to having a differing experience of care when compared to non-Māori (e.g. high seclusion & restraint, and use of the Mental Health Act).

Since deinstitutionalisation, there is a progressive distillation of a group of service users who are multiply disadvantaged, who struggle to cope independently in the community setting, who are disproportionately made up of Māori. They tend to have limited access to whānau support and few pro-social connections to the community. Consequently, there is a re-institutionalisation of this group into the forensic and prison system.


Despite these statistics, there is little evidence to explain why this is occurring or what we might do about it. In the absence of a better understanding of why this is, policy and in turn service development is intuitive and or based on international evidence which may not have complete relevance to the New Zealand context or to the Māori experience.

A national research agenda (with dedicated resource) would improve the understanding of why these statistics are the way they are and to inform appropriate, evidence based, policy development. Furthermore, there is a need for alternative models for the provision of integrated, culturally appropriate health (including mental health) and social services to Māori with high and complex mental health and addiction needs.

Consistency and mandate

Since de-institutionalisation, there is the mantra of mental health and addiction services being provided as an integrated part of general health (and hospital) services. It is suggestive this would reduce stigma, increase access to general health services (for those with serious mental illness) and allow better integration across the mental health/physical health divide. This model has been fraught, provoking unintended financial and clinical risks.

Historically, money for mental health and addiction services has been siphoned off and used to bolster a failing physical health system. Equally, the disparate nature of the district health board structures has



meant that it is very hard to get any sort of mandate for national development, consistency in service delivery or a common focus on service quality improvement.

As mentioned, there is a need for a National Māori entity, in this case to govern and oversee the provision of high quality mental health and addiction services. Its role would be to support the development of consistent models of care, the development and integration of Māori models with contemporary psychiatric interventions. Equally, models for assignment of funding for service users, will enable access to proven evidence-based interventions (including cultural interventions) to drive consistency and adherence to accepted standards of quality. In this regard, a model of managed care oriented purely towards driving quality (with a lesser impetus for cost control) should be explored.

A national entity could aid in service and quality improvement within mental health and addiction services, with a focus on best practice models for the provision of Māori models of mental health care (including both the integration of the Māori world view with contemporary psychiatry) as well as exploring new models of Māori mental health and addictions care.

DATA, RESEARCH & WORKFORCE

Data

Iwi and Māori organisations face several challenges in accessing timely, relevant and accurate data to meet their development aspirations. Māori data refers to data produced by Māori or that is about Māori and the environments Māori have relationships with. (for example; Data from health services or organisations, Data about Māori that is used to describe or compare Māori and Data about Te Ao Māori that emerges from research). Māori are wanting to protect their rights and interests in data, which will have an impact on all health service data in time. Māori Data Sovereignty is a call for greater control over Māori data sets.

It will be important to ground Māori approaches to data in a Māori worldview and utilise Māori concepts and tikanga as the conceptual basis for data use activities. Te Mana o te Raraunga Framework is a process of aligning Māori concepts with their rights and interests to data and support Iwi/Māori collectives to articulate their expectations of appropriate data use. A more proactive approach to data governance will involve Māori having control over their data, and creating partnership arrangements with health services in relation to their data .

Kaupapa Māori Research, Theory & Praxis

Evidence based research and programmes must show their utility not only to clinical standards but cultural efficacy and of worth that make positive changes to Māori.

There is an emergence of Māori researchers, albeit the numbers remain small. More is needed to stay ahead of the resource need and to proactively invest in a specific body of research about the factors that influence Māori health status, the effectiveness of health care, the areas of health service and resource development needed, the areas impacting health professional practice change and to bring forward Mātauranga Māori to inform all research pertaining to Māori. All of which will contribute to ensuring a strong knowledge base and real potential for implementation that makes a difference.

The lack of funding models to ensure the requirement for health research to advance Māori health continues to limit the evidence base for tailoring Māori interventions implementation, particularly in the broadest understanding of those elements that may impact on mental health and addiction and provide solutions to these challenges.

Health Research Council and others continue to grapple with the details of how to ensure that bio-medical research and researcher are culturally competent and the requirements by which their funding applications might best be measured as being fit for Māori purpose. Despite the clarity of policy such as Vision Mātauranga the research community is relatively free to continue to research according to their own preferences rather than according to those aligned with an ethical, Māori health advancement approach. We strongly advocate for an assessment of the extent to which tax payer funded health research meets such a requirement and a clear time frame for delivery of this. We also strongly advocate for the central role of Mātauranga Māori in health research across all funders.

¹⁶<https://www.temanararaunga.Māori.nz/>

¹⁷Data Futures <http://datafutures.co.nz/>

Growing & Sustaining A Strong Māori Health Workforce

The number and proportion of Māori working in health and in caregiving roles has increased in the last 20 years, albeit the numbers are still low in comparison to non-Māori. Māori have remained vastly under-represented (5%) in most regulated health professional groups. As this rate continues, the Māori workforce is well below what is required to make an impact and to meet the needs of a growing and youthful Māori population.

Regulated and specialist roles are needed in the Māori health workforce, the downsides of graduate programmes is the length of time it takes to prepare the workforce ready for meeting the various needs of a population. Even then, new graduates require additional training, mentoring and support to socialise them to their roles and the health sector safely. Furthermore, Māori health professionals require appropriate cultural and clinical support, mentoring and supervision in their scopes of practice and when working in Māori communities.

The largest proportion of the Māori health workforce is in the non-regulated sector, this is a critical sector for care, community support, whānau centred practice, cultural leadership and change, this is the sector where more could be achieved with targeted workforce investment, innovation, national recognition and coordination.

Increasing the Māori workforce is essential for the provision of clinically and culturally competent care. When Māori work with Māori, it aids in the better access of Māori to health care, more whānau centred approach, to optimal health outcomes and management of health resources, and services. Māori workforces are also much more likely than non-Māori to practice in communities of need, in sectors where Māori health, social and disability needs are the highest, and to support larger numbers of Māori.

Two Māori health workforce development programmes which have operated for over a decade are Te Rau Puawai¹⁸ and Te Rau Matatini¹⁹. Together they identify a range of critical success factors that have contributed to building the Māori health workforce;

- Attention to the broader determinants of Māori and the Māori health workforce
- Māori led, focused and targeted support and interventions
- Consistent investment over a prolonged period
- Influence across the workforce development pipeline
- Emphasis on the development of dual technical and cultural competencies
- Integration of Māori student support programmes within a learning environment
- Provision of comprehensive support to Māori studying health qualifications including financial assistance; cultural and whānau support, access to Māori mentors and peer support, academic tutelage, and inclusion of communities of learning
- Transitional support from student to new practitioner or professional to new environment
- Broadened Networks as the well qualified Māori health workforce advances their practice, leadership to contribute to all of health through other sectors.

¹⁸Massey University: Te Rau Puawai Māori mental health workforce development programme

¹⁹Te Rau Matatini: Māori Health Workforce Development Organisation www.teraumatatini.com

These factors can be replicated provided there is continual investment, leadership and systemic support. But there is a need for assertive action and targets across all the Māori health workforce (i.e. an increase in Māori across all registered, cultural and leadership roles). Funding is needed at all levels including Training Education Commission, for the establishment of Māori health training institutions and at training providers to employ more Māori staff and to include more Māori models of practice in training.

Māori Leadership

Māori leaders are faced with greater challenges today. With pressures on the health system and in Māori communities, Māori are not willing to settle for things as they are or to accept a future that appear to confront their people. Therefore, Māori leaders and Māori leadership across a variety of health professional domains, lies central to the framework for change. Māori hold strong ideals and will spur the health sector to action, to create a future that embraces and moves beyond services solely based upon public health indices. The point of difference lies in the aspirations of whānau to achieve wellness (whānau ora) and to foster strengths and resilience.

Māori Health Workforce: The Next Generation

The cultural intelligence in Māori communities is yet to be yielded. The Whānau Ora navigator workforce demonstrated a great example of what's possible when a Māori workforce is developed to break down the barriers in services and to centre care on whānau.

There are Māori at home in their communities that can be upskilled to provide grassroots response support teams / approaches for people who require specific support (awhi and manaaki) regarding their mental health, addiction or general health needs. Building the capacity and capability in Māori communities is possible and can be built upon previous Māori models in workforce development and wellbeing programmes. There is an implicit appeal by Māori to be working in their 'communities', and in a manner that focuses on early intervention and prevention, rather than sickness or illness models of care.

Māori Networks Unify the Sector

Te Rau Matatini has facilitated voluntary networks of Māori mental health and addiction professionals, and providers across New Zealand. With the focus on 'Māori'; health and social service professionals are drawn from local and regional community, residential and inpatient providers to whānaungatanga hui led by Te Rau Matatini. The networks provide the opportunity for many regions who do not invest in their Māori health professionals to unify as a Māori professional sector. The networks foster shared identity, it increases their access to information and learning and stimulates the development of additional networks and contributes to further collaboration. More is needed to build the critical mass of Māori health professional networks.

The Maori Manifesto: Framework for Change was compiled by eleven Maori Health Leaders calling for;

- The recognition of Māori indigenous body of knowledge
- The explicit accountability of the Crown to Māori: Recognition of Te Tiriti o Waitangi (Māori text), United Nations Declaration on the Rights of Indigenous Peoples
- An emphasis on a Māori worldview in the quest for equity and innovation
- The investment and respect for aspirations that build upon existing successful and prospective Māori models and achievements and
- 23 Recommendations for Action.

The background features a repeating geometric pattern of interlocking squares in a dark blue color. This pattern is overlaid with traditional Maori decorative motifs, including intricate scrollwork and stylized designs in a lighter blue and yellow-gold color. The motifs are positioned in the top and bottom corners of the page.

TE RAU MATATINI

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